

CLAIMS ONLY						Application Number <i>10009110</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	4						
2							
3							
4	6	1					
5							
6		1					
7		1					
8		1					
9		1					
10		1					
11		1					
12							
13							
14							
15							
16							
17							
18							
19							
20							
21		1					
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23							
24							
25		1					
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42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep							
Total Depend							
Total Claims							